**Clogher Valley Youth Club – Consent Form**

Anything written on this form will be held in confidence.

The leaders need to know these details in order to meet the specific needs of your child.

**Please fill in your details below using BLOCK CAPITALS.**

***I give permission for my child to attend Clogher Valley Youth Club at its usual meeting place and participate in all of its activities.***

|  |  |  |
| --- | --- | --- |
| Child’s full name: | | DoB: |
| Name by which he/she is usually known: | | |
| Address: | | |
| Name of Parent/Guardian to be contacted: | | |
| Phone number where I can be contacted in an emergency: | | |
| Home: | Mobile: | |
| Second contact’s Name: | | |
| Relationship to Child: | | |
| Phone no (including code): | | |
| **Please indicate medical conditions, additional needs, allergies or dietary requirements relevant to your child, any medication being taken and anything else that would be helpful for the leaders to know about:** | | |
| **Do you give permission for photographs/video to be taken of your child and used for church purposes? E.g. PowerPoint display in church service *(tick as appropriate)***  YES NO  **Do you give permission for photographs/video to be taken of your child and posted on the Church Website *(tick as appropriate)***  YES NO | | |

*In the event of illness or accident, having parental responsibility for the above named child, I give permission for first aid to be administered where considered necessary by a first aider, if available, or medical treatment to be administered by a suitably qualified medical practitioner.*

In the event of a medical emergency, leaders will endeavour to contact you as soon as possible using the contact telephone numbers given above.

***I will inform the leaders of any important changes to my child’s health, medication or needs and also of any changes to our address or to any of the phone numbers given above.***

|  |  |
| --- | --- |
| **I confirm that the above details are correct to the best of my knowledge.** | |
| Signature : (Parent / Guardian) | Date: |

**Consent Form Confirmation – 12 months after initial registration**

**Parents/Guardians** please check that the details on your child’s consent form, overleaf, are correct. If they are please sign as directed below.

I confirm that I have checked the details overleaf and they are correct.

|  |  |  |
| --- | --- | --- |
| Parent/Guardian name **PRINTED** | Parent/Guardian signature | Date -DD/MM/YY |
|  |  |  |

Please note, If the details are not correct please fill out a **new** consent form.

**Consent Form Confirmation – 24 months after initial registration**

**Parents/Guardians** please check that the details on your child’s consent form, overleaf, are correct. If they are please sign as directed below.

I confirm that I have checked the details overleaf and they are correct.

|  |  |  |
| --- | --- | --- |
| Parent/Guardian name **PRINTED** | Parent/Guardian signature | Date -DD/MM/YY |
|  |  |  |

Please note, If the details are not correct please fill out a **new** consent form.

**Consent Form Confirmation – 36 months after initial registration**

**Parents/Guardians** please check that the details on your child’s consent form, overleaf, are correct. If they are please sign as directed below.

I confirm that I have checked the details overleaf and they are correct.

|  |  |  |
| --- | --- | --- |
| Parent/Guardian name **PRINTED** | Parent/Guardian signature | Date -DD/MM/YY |
|  |  |  |

Please note, If the details are not correct please fill out a **new** consent form.